



State of New Jersey

PHILIP D. MURPHY
GOVERNOR

OFFICE OF THE SECRETARY OF HIGHER EDUCATION
P.O. BOX 542

TRENTON, NJ 08625-0542
TELEPHONE: (609) 292-4310

SHEILA Y. OLIVER
LT. GOVERNOR

FAX: (609) 292-7225
E-mail: oshe@oshe.nj.gov

ZAKIYA SMITH ELLIS, ED.D.
SECRETARY

Office of the Secretary of Higher Education Request for Receiving or Declining State-Authorized Medical Treatment (RM-2)

Employee Name (Please Print): _____

- I am requesting treatment with a State-authorized physician at this time as a result of the incident described in the attached form, Employer's First Report of Accidental Injury or Occupational Disease (RM-2).

I understand that I must submit medical documentation from the State physician to the Director of Executive Services immediately after I have seen the State-authorized physician. The documentation must indicate the diagnosis, prognosis, treatment plan, limitations, if any, and duration of absence from work, as well as the projected return to work.

- I am NOT requesting treatment for my injury/illness at this time. I understand that by not requesting treatment at this time, the State will have no information about my physical condition as a result of the incident detailed in the attached form, Employers' First Report of Accidental Injury or Occupational Disease (RM-2). If I seek unauthorized treatment on my own, I will be responsible for any medical bills incurred. I do understand that if my condition worsens or I feel that I need to see a State-authorized physician, I am to contact the Director of Executive Services prior to seeing a State-authorized physician.

Signature: _____

Date: _____

Time: _____